

EMPLOYMENT REGISTER SEEKING WORK

AICNSW

Date:

Name:

Job Title:

Full time, days per week or other:

Preferred work location or area(s):

Your blurb (max 100 words):

Contact Details: Ph:

Email:

Please return this form to Australian Institute of Conveyancers NSW Division by

1. **Email:**
2. Fax to: 02 9633 1989
3. Mail to: 3/5 Macquarie Street, Parramatta or DX 8223 Parramatta

